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CONFIRMATION NO. 1157

<b>SERIAL NUMBER</b> 10/826,212	<b>FILING OR 371(c) DATE</b> 04/17/2004 <b>RULE</b>	<b>CLASS</b> 482	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b>
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
 \*\* 06/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NE	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged Allowance <i>Alanna Oberin</i> Examiner's Signature Initials				

## ADDRESS

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## TITLE

Free weight assistance and training device

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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